

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
2011 DEC 16 PM 12:01  
FEC MAIL CENTER  
Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

New Hampshire Bankers Association Federal BankPAC

ADDRESS (number and street)

PO Box 2586



(Check if address  
is changed)

15 North Main Street

Concord

NH

03302-2586

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

tfahey@nhbankers.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.nhbankers.com

COMMITTEE'S FAX NUMBER

603-224-3381

2. DATE

12

08

2011

3. FEC IDENTIFICATION NUMBER

C

00109678

4. IS THIS STATEMENT



NEW (N)

OR



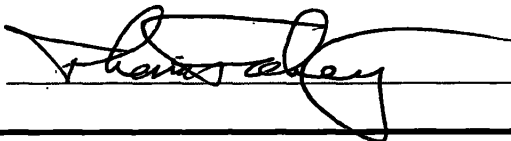
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Tom Fahey

Signature of Treasurer



Date

12

08

2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 12/2007)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☒ Trade Association ☐ Cooperative
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                      |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 5. | <input type="text"/> | FEC ID number | <input type="text"/> |

11030694635

Write or Type Committee Name

New Hampshire Bankers Association Federal BankPAC

**6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative**

New Hampshire Bankers Association

Mailing Address

PO Box 2586  
 15 North Main Street  
 Concord, NH 03302-2586  
 CITY STATE ZIP CODE

Relationship:



Connected Organization



Affiliated Committee



Leadership PAC Sponsor



Joint Fundraising Representative

**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Tom Fahey

Mailing Address

New Hampshire Bankers Association  
 PO Box 2586  
 Concord, NH 03302-2586  
 CITY STATE ZIP CODE

Title or Position

Treasurer

Telephone number

603-224-5373

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name  
of Treasurer

Tom Fahey

Mailing Address

New Hampshire Bankers Association  
 PO Box 2586  
 Concord, NH 03302-2586  
 CITY STATE ZIP CODE

Title or Position

Treasurer

Telephone number

603-224-5373

Full Name of  
Designated  
Agent

Sandra Tracy

Mailing Address

New Hampshire Bankers Association

PO Box 2586

Concord

CITY

N H

STATE

0 3 3 0 2 - 2 5 8 6

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

6 0 3 - 2 2 4 - 5 3 7 3

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Merrimack County Savings Bank

Mailing Address

PO Box 2826

89 North Main Street

Concord

CITY

N H

STATE

0 3 3 0 2 - 2 8 2 6

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address


CITY

STATE

ZIP CODE

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

|  |                               |
|--|-------------------------------|
| <input type="checkbox"/> Hand Delivered  | Date of Receipt               |
| <input type="checkbox"/> USPS First Class Mail                                   | Postmarked                    |
| <input checked="" type="checkbox"/> USPS Registered/Certified                    | Postmarked (R/C)<br>12/8/11   |
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked                    |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |                               |
| <input type="checkbox"/> USPS Express Mail                                       | Postmarked                    |
| <input type="checkbox"/> Postmark Illegible                                      |                               |
| <input type="checkbox"/> No Postmark   |                               |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                 |
| Next Business Day Delivery <input type="checkbox"/>                              |                               |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt               |
| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt               |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt               |
| <input type="checkbox"/> Other (Specify):  | Date of Receipt or Postmarked |

  
**PREPARER**  
(3/2005)

12/16/11  
**DATE PREPARED**

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